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REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10) File the original with: Public Service Commission of South Carolina Cierk's Office S.C. Office of Regulatory Staff **Motor Carrier Matters** Transportation Department P.O. Box 11649 1401 Main Street, Suite 900 Columbia, S.C. 29211 Columbia, S.C. 29201 (803) 896 - 5100 (803) 737-0578 FAX (803) 896-5199 FAX (803) 737-0815 DATE: 3/19/2015 Please (chieves Docket # 2014-72-T Please consider this as my Request for Suspension of: Class C Taxi Certificate Number ___ Class C Charter Certificate Number 8856 Class C Charter Bus Certificate Number Non-Emergency Certificate Number RECEIVE Class E Household Goods Certificate Number ____ MAR 19 2015 Ciass E Hazardous Wastes Certificate Number ___ request that my certificate be suspended until 07/16/2015 TRANS DEPT Date: (XX/XX/XXXX) Tri-County Connect LLC D/B/A ____ (Name of Company) 704 Rosemarie Lane (Street and or Malling Address) Mullins, SC, 29574 (City, State, Zip Code) 843-433-9592 (Telephone Number) (Signature and Title, i.e, President, Owner) Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification Reason for Request for Suspension of Operations: During the 2014 Year I had contract charter business which ended 10/3/2014 since that time I have not secured any business. I am currently and actively seeking business and would want to request that the suspension be lifted once a new contract/client is located

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